



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



APPLICATION FOR A SALES FINANCE COMPANY

GENERAL INFORMATION AND INSTRUCTIONS

1. There must be a separate application and license fee for each place of business required to be licensed pursuant to Section 36a-535 of the General Statutes.
2. A check made payable to "**Treasurer, State of Connecticut**" with the appropriate fee:
 - a. \$800 Applications filed **on or before 9/30/06. (Non-Refundable)**
 - b. \$400 Applications filed **between 10/1/06 and 9/30/07. (Non-Refundable)**

Please make checks payable to: "**Treasurer, State of Connecticut**".

3. All licenses, unless sooner surrendered, suspended or revoked, **expire at midnight September 30, 2007.**
4. Renewal applications must be submitted with the appropriate fee described above paid on or before September 1, 2007. Renewal application forms will be mailed prior to September 1, 2007. Any renewal applications received in this office on or after September 2, 2007 and licenses which have expired less than sixty days prior to the date such application was filed shall be accompanied by a one-hundred dollar (**\$100**) late filing fee.
5. Attach one copy of the following to the application:
 - a. Retail installment contract(s)
 - b. Installment loan forms(s)

Note: If applicant is applying for more than one license, only one set of contract forms need to be filed with applications.

6. **ALL** questions on the application form must be answered. In the event a particular question is inapplicable, enter "N/A" in the space provided.
7. In the event space provided for answers is inadequate, additional sheets should be attached and should identify the applicant and the specific item on the application.
8. Changes in information submitted in or with the application form must be reported in writing immediately. Reporting should not be delayed until the time a license is renewed.
9. If the applicant is a partnership in which any partner is a corporation, please provide the information requested in question #5 of the application for the officers and directors of the corporate partner(s).
10. If the applicant is a sole proprietor and has **both** a Federal Employer Identification Number and a Federal Social Security Account Number, **both** numbers must be provided. All other applicants must provide a Federal Employer Identification Number only.
11. Questions concerning this application may be directed to Justyna Kordowska at 860-240-8275 or via e-mail at justyna.kordowska@ct.gov. The application and related material must be mailed to:

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